

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000064163

1. Entity Name

NAR-BASE, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90049 019 ***150.00

Principal Place of Business
C/O HARVEY BASEMAN + CO.
60104 DELAIRE LANDING RD.
PHILADELPHIA PA 19114
US

Mailing Address
C/O HARVEY BASEMAN + CO.
60104 DELAIRE LANDING RD.
PHILADELPHIA PA 19114-5402
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0519109

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASEMAN, HAROLD
971 WEST 15TH STREET
RIVIERA BEACH FL 33404

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	BASEMAN, HAROLD	
STREET ADDRESS	971 WEST 15TH STREET	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	P	<input type="checkbox"/> Delete
NAME	BASEMAN, NARDUCCI	
STREET ADDRESS	3806 BENSALEM BLVD #235	
CITY-ST-ZIP	BENSALEM PA 19020	
TITLE	V	<input type="checkbox"/> Delete
NAME	BASEMAN, ALAN	
STREET ADDRESS	111 HARRISON FORGE CT.	
CITY-ST-ZIP	CHALFRONT PA 18984	
TITLE	V	<input type="checkbox"/> Delete
NAME	BASEMAN, HARVEY	
STREET ADDRESS	60104 DELAIRE LANDING RD	
CITY-ST-ZIP	PHILADELPHIA PA 19114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Harvey Baseman* DATE: 4-20-00 DAYTIME PHONE: (215) 632-7829

CR2E034 (9/99)